

C-4

EPA General Permit WAG130000 - Annual Report



Annual Report of Operations for Year 2019

To comply with NPDES General Permit No. WAG130000 for Federal Aquaculture Facilities and Aquaculture Facilities Located in Indian Country within the Boundaries of the State of Washington

NPDES # for your Facility:

WAG130007

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Facility & Owner Information

Facility Name:

US Fish and Wildlife Service - Willard National Fish Hatchery

EPA - REGION 10

Operator Name (Permittee):

Willard National Fish Hatchery

Enforcement & Compliance Assurance Division

Address:

5501-B Cook-Underwood Rd
Cook, WA 98605

Email:

steve_wingert@fws.gov

Phone:

509-538-2305

Owner Name (if different from operator):

Email:

Phone:

Best Management Practices (BMP) Plan

Has the BMP Plan been reviewed this year? ☒ Yes ☐ NoDoes the BMP Plan fulfill the requirements of the General Permit? ☒ Yes ☐ No

Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.

Changed name(s) and/or title(s) in the 'Certification of Completion and Implementation of the Best Management Practices Plan' in the BMP Plan.

Made changes to the Quality Assurance Plan addressing refrigerated storage of samples when sampling.

ILIS
2/18/2020
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Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): **46,104 lbs**

Pounds of food fed to fish during the maximum month:

5,764 lbs. during June and September

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

| Species | Fish Produced | Receiving Water(s) to which Fish were Released | Month Released/Spawned |
|--------------|---------------|------------------------------------------------|------------------------|
| Coho | 68,026 lbs | Transferred to Yakama Nation Mid-Col | Feb.&March |
| Fall Chinook | 10,264 lbs | Little White Salmon River | Released-July |
| | | | |
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Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

| Month | Total Fish (lbs) | Fish Feed (lbs) | Month | Total Fish (lbs) | Fish Feed (lbs) |
|----------|------------------|-----------------|-----------|------------------|-----------------|
| January | 37,952 | 2,024 | July | 16,130 | 5,192 |
| February | 34,098 | 1,628 | August | 25,057 | 4,928 |
| March | 16,140 | 3,872 | September | 29,856 | 5,764 |
| April | 5,800 | 2,068 | October | 32,158 | 4,268 |
| May | 12,414 | 3,740 | November | 34,233 | 1,540 |
| June | 18,654 | 5,764 | December | 34,612 | 1,452 |

Additional Comments:

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Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

| Type of Solid Disposed | Date Disposed | Location Disposed |
|------------------------|---------------|-------------------|
| Fish mortalities | year round | mort pit |
| | | |
| | | |
| | | |
| Additional Comments: | | |

Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

| Date | Cause of Deaths | Steps Taken to Correct Problem | Pounds of Fish |
|------------------------------------------------------------------|-----------------|--------------------------------|----------------|
| NA | NA | NA | NA |
| | | | |
| | | | |
| | | | |
| Additional Comments: No mass mortality events this past year. | | | |

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Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

No noncompliance events.

Inspections & Repairs for Production & Wastewater Treatment Systems

| Date Inspected | Date Repaired | Description of System Inspected and/or Repaired |
|----------------|---------------|-------------------------------------------------|
| 7/25/2019 | NA | Visual inspection of off line settling basin |
| | | |
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Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**.

Describe the use of each drug/chemical in more detail on the following pages.

| Used in the past year? | Drug or Chemical |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Azithromycin |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Chloramine-T: <i>See additional reporting requirements on page 7</i> |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Chlorine No Discharge, Equipment disinfection only. |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Draxxin |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Erythromycin - injectable |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Erythromycin - medicated feed |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Florfenicol (Aquaflor) Medicated feed to treat Bacterial Coldwater |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i> |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Herbicide - describe: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Hormone - describe: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i> |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Iodine: <i>See additional reporting requirements on page 7</i> Eyed Egg Disinfection |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Oxytetracycline |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Potassium Permanganate: <i>See additional reporting requirements on page 7</i> |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Romet |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | SLICE (emamectin benzoate) |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Sodium Chloride - salt |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Vibrio vaccine |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Other: None |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Other: None |

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Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Brand Name: Ovadine | | Generic Name: Iodine | |
| Reason for use: Disinfection of eyed eggs upon receipt from other hatcheries. | | | |
| <input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed | Total quantity of formulated product per treatment (specify units): 1512 ml | Total quantity of formulated product used in past year (specify units): 6.05 liters | |
| Date(s) of treatment: 1/04/19, 04/09/19, 12/06/19, 12/13/19 | | | Total number of treatments in past year: 4 |
| Maximum daily volume of treated water: 40 gallons | Treatment concentration (specify units): 100 ppm | Duration and frequency of treatment(s): 20 min. one time upon receipt of eggs | |
| Method of application: <input checked="" type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through | | <input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe): | |
| Location in facility chemical was used (check all that apply): | <input type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building | <input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin | <input type="checkbox"/> Other (describe): |
| Where did water treated with this chemical go? (check all that apply): | <input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin | <input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works | <input type="checkbox"/> Other (describe): |
| Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: All incubation building water flows to off line settling basin with no discharge to US waters. | | | |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Brand Name: hth Super | | Generic Name: Chlorinating Tablets, Trichlor | |
| Reason for use: Equipment & net disinfection in a ~40 gallon barrel | | | |
| <input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed | Total quantity of formulated product per treatment: 24 oz. | Total quantity of formulated product used in past year (specify units): | |
| Date(s) of treatment: Monthly, as needed | | | Total number of treatments in past year: 12 |
| Maximum daily volume of treated water: 120 gallons | Treatment concentration (specify units): 600ppm | Duration and frequency of treatment(s): continuous, solution in barrel | |
| Method of application: <input checked="" type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through | | <input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe): | |
| Location in facility chemical was used (check all that apply): | <input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building | <input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin | <input checked="" type="checkbox"/> Other (describe): disinfection barrels |
| Where did water treated with this chemical go? (check all that apply): | <input type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin | <input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works | <input checked="" type="checkbox"/> Other (describe): evaporation/ground |
| Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: Trichloro-S-Triazinetrione Tablets slow time release dissolve in disinfection barrel. | | | |

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Aquaculture Drugs and Chemicals (cont'd)

Additional Reporting Requirements for Water-Borne Treatments

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

| Static Bath Treatments | |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Tank Volume | 151.42 Liters |
| Desired Static Bath Treatment Concentration | 100,000 µg/L |
| Volume of Product Needed | 1.512 Liters Product |
| Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient | Solution: 100 ppm Active Ingredient: Ovadine is 1% active Specify Units |
| Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day | 0 gallons Specify Units |
| Maximum % of Facility Discharge Treated | 0.0%, No Discharge to US water % of Total Discharge |

| Flow-Through Treatments | |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Tank Volume | Liters |
| Calculated Flow Rate | Liters/Minute |
| Duration of Treatment | Minutes |
| Desired Flow-Through Treatment Concentration of Product | µg/L |
| Amount of Product to Add Initially | Liters Product |
| Amount of Product to Add During Treatment | mL/Minute |
| Total Volume of Product Needed | Liters Product |
| Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient | Solution: Active Ingredient: Specify Units |
| Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day | Specify Units |
| Maximum % of Facility Discharge Treated | % of Total Discharge |

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Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.

No changes to facility or operations of impact to NPDES.

Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | |
|---------------------------------------------------------------------------------------------------------|-----------------------|
| | |
| Printed name of person signing | Title |
| Steve Wingert | Hatchery Manager |
| Applicant Signature  | Date Signed 1-14-2019 |

Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191
Washington Hatchery Annual Report
1200 Sixth Avenue, Suite 900
Seattle, WA 98101-3140